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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Cameroon

Proposed UNFPA assistance:	$12 million, $10.5 million from regular resources and $1.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1998-2002)
Cycle of assistance:	Third
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	7.0	0.9	7.9
Population & development strategies	2.0	0.5	2.5
Advocacy	0.9	0.1	1.0
Programme coordination & assistance	0.6	-	0 .6
Total	10.5	1.5	12.0

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CAMEROON

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	64.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	16.0	≥55
Access to basic health services (%)[3]	41.0	≥60
Infant mortality rate (/1000)[4]	63	≤50
Maternal mortality rate (/100,000)[5]	430	≤100
Gross female enrolment rate at primary level (%)[6]	70.1	≥75
Adult female literacy rate(%)[7]	44.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*13,192*
Population in year 2000 (000)	*15,129*
Sex ratio (/100 females)	*98.6*
Per cent urban	*46*
Age distribution (%)	
Ages 0-14	*44.2*
Youth (15-24)	*19.4*
Ages 60+	*5.6*
Percentage of women aged 15-49	*44.9*
Median age (years)	*17.7*
Population density (/sq. km.)	*28*
Annual population growth rate (%)	*2.74*
Urban	*4.53*
Rural	*1.17*
Crude birth rate (/1000)	*39.3*
Crude death rate (/1000)	*11.9*
Net migration rate (/1000)	*0.0*
Total fertility rate (/woman)	*5.30*
Life expectancy at birth (years)	
Males	*54.5*
Females	*57.2*
Both sexes	*55.9*
GNP per capita (U.S. dollars, 1994)	*680*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Cameroon in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $12 million, of which $10.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.5 million from multi-bilateral resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to Cameroon.

2. The proposed programme takes into account the objectives of the Government of Cameroon as expressed in the medium-term economic and social policy strategy, the 1996 Public Investment Plan; and sectoral policies in the areas of health, education, the environment and agriculture. The recommendations of the Programme Review and Strategy Development (PRSD) exercise that was undertaken in cooperation with the Government and various national non-governmental organizations (NGOs) have been instrumental in shaping the programme. The proposed programme is also the result of consultations with the Government at various levels as well as with other development partners, including other United Nations agencies, bilateral and multilateral donors and NGOs. The proposed programme is harmonized with the cycles of UNICEF and the World Food Programme (WFP). Harmonization with the UNDP programme cycle will be achieved in 2002, but coordination between the two programmes will continue as it has in the past.

3. The goal of the Government as expressed in the Declaration of the National Population Policy (DNPP) is to improve the quality of life of the population within the framework of the country's fight against poverty and of its development efforts. Within this context, UNFPA's third country programme will assist the Government in achieving the following specific purposes: (a) to revise and update the DNPP of 1992 and to elaborate action plans for its implementation at the national and regional levels; (b) to promote greater availability of quality reproductive health, including family planning and sexual health, services in five provinces where the Fund has been concentrating its efforts since the second programme of assistance; (c) to increase the contraceptive prevalence rate in the same five provinces; (d) to enhance understanding by decision and policy makers of the interrelationships between population and development, of the reproductive health concept and of the need for equity and equality between men and women; and (f) to promote the empowerment of women.

4. UNFPA's assistance will be channeled through three subprogrammes. Activities in the areas of advocacy and population and development strategies will be national in scope and will target the implementation of the DNPP as well as an improvement in the status of women. Activities in the area of reproductive health service delivery will focus on improving such services in five provinces but will, at the same time, help to reinforce the capacity of the central government to manage health programmes.

5. All the activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Cameroon is classified as a category "A" country according to UNFPA's approach for resource allocation. The present demographic situation is the result of several years of population dynamics that have been characterized by high population growth and total fertility rates, a high percentage of women of reproductive age, a low contraceptive prevalence rate and an increasing life expectancy. Furthermore, the unequal distribution of the population, the rapid urban growth rate and the very young age-structure are strains on the country's available resources.

7. From the available data, the infant mortality rate is estimated at over 65 per 1,000 live births and maternal mortality remains high due to the persistence of high fertility, short birth intervals, low levels of use of modern contraceptive methods (12 per cent in urban and 4 per cent in rural areas) and inadequate safe motherhood services. Early sexual relations are common: over a third of young girls aged 15-19 years have been pregnant at least once and 6.1 per cent of girls aged less than 15 years have already had a first pregnancy. Another reproductive health problem is the high infertility rate among women of reproductive age, especially those between 35 and 49 (6.5 per cent),which can be partly attributed to an increasing prevalence of sexually transmitted diseases (STDs). The overall rate of HIV infection was estimated at 5.5 per cent of the total population at the end of 1996.

8. Girls are under-represented at every level of the educational system, and more than half of women of reproductive age are illiterate. Even though Cameroon signed the Convention on the Elimination of All Forms of Discrimination Against Women in 1994, several social and cultural barriers still exist that hamper the empowerment of women, including the continuation of harmful traditional practices among some ethnic groups in the country. The population in general, and women in particular, are not aware of women's legal rights. The majority of women work in the primary and informal sectors of the economy, but they face difficulties in access to land and to credit facilities that would make their economic situation more secure. To foster the participation of women in the development process, the Government has taken the specific problems of women into consideration during the formulation of its national economic and social policies and programmes and in developing the National Plan for Women and Development, adopted in April 1997, which takes into account the recommendations of the Fourth World Conference on Women (FWCW).

9. The DNPP was adopted in July 1992 but was formulated without the participation of the civil society, which has hampered its acceptance. However, since its publication the DNPP has become a reference framework for all population-related activities. The absence of a functional institutional framework for the coordination of the national population programme shows a lack of information

and understanding about population issues by decision makers, legislators and opinion leaders and their lack of commitment to implementing the National Population Policy. The DNPP needs to be updated to reflect the recommendations of the ICPD and the FWCW.

10. Even though the gross national product (GNP) has increased in recent years, the low- and middle-income population are still confronted with harsh living conditions, with deteriorating basic social services, including depreciation of the health infrastructure and equipment. In order to reinforce the health sector, in 1993 the Government adopted a health policy emphasizing decentralization of activities, integration of services, community participation and the provision of essential drugs, including contraceptives. The country has 10 provincial hospitals, 124 district hospitals and 1,491 other health facilities. In the five provinces where UNFPA has been working since its second programme of assistance, there are 5 provincial and 71 district hospitals and 706 other health facilities. Although maternal and child health and family planning (MCH/FP) services are included in the Government's minimum package of activities, not all health facilities provide them. A major problem limiting the effectiveness of the health system is the weakness of the national health management information system.

Achievements, constraints and lessons learned from past UNFPA assistance

11. The second UNFPA country programme was approved in 1992 for a total amount of $7.5 million covering the period of 1992-1996, with $1.5 million to be sought from multi-bilateral sources. However, no multi-bilateral funds were obtained. By December 1997, the programme, which was extended for one year without additional funds, had spent 92 per cent of the allocated funds.

12. Achievements of the second country programme in the population and development sector include improved national technical capacity for the elaboration and the implementation of sectoral and regional action plans and improved knowledge of some key demographic issues through the collection, analysis and dissemination of vital statistics and demographic and health surveys. In the health sector, UNFPA provided training and refresher courses in clinical and management skills to reinforce the technical capacity of the medical and paramedical staff in 60 health centres and 20 district hospitals in five provinces as well as 24 private enterprises throughout the country. The expansion of family life education for youth through the Scouts movement helped create a conducive environment for considering the development of a National Youth Policy with a reproductive health component, which is in the planning stage. The programme also helped increase awareness among the country's decision makers of the situation of Cameroonian women and facilitated the formulation of a national policy for the integration of women's issues into the economic and social development process.

13. The weakness of the mechanisms for national coordination of population activities and the high mobility of nationals involved in the execution of projects, mainly in the health sector, greatly

affected the execution of the programme. The absence of a programme of family life education in the schools made implementation of IEC activities for young people problematic. Other obstacles included the difficulty in developing quantitative and qualitative indicators to measure the programme's achievements and to direct follow-up activities. The limited number of national professional staff at the local UNFPA office hindered technical follow-up of activities.

14. One of the main lessons learned from the implementation of the second country programme is the necessity to involve the main parties concerned with the population programme in all phases of programme and project formulation, implementation, monitoring and evaluation. Basic and updated data must be available for the determination of specific indicators for the monitoring and evaluation of the programme. Decentralizing the execution of programme activities improves their effectiveness but also requires putting in place an institutional framework for the coordination and monitoring of all population activities in the country. Finally, careful assessment of national and international executing bodies needs to be done at the time of subprogramme design so that planned activities correspond to their capacities. If necessary, prior training in the area of management and accounting (including UNFPA's procedures) should be provided to these executing bodies.

Other donor support

15. External assistance in the area of population has been primarily focused in the health sector where the various funding bodies have been assigned specific districts by the Government in which to carry out their activities. Coordination between the various donor agencies is assured through regular informal meetings coordinated by WHO at which the Government is represented. Support to the primary health care system, including the provision of MCH/FP services, is provided by UNICEF, the World Bank, the European Union, Belgium, Germany, Italy and Switzerland. UNFPA has complemented the activities of other donors in some health districts in five provinces by supporting the reproductive health component of the minimum package of services.

16. The national AIDS-prevention programme has been supported by WHO, UNICEF, France and Germany through the creation of health clubs inside schools. The European Union has supported the operationalization of the National Centre for the Supply of Essential Drugs. IEC activities for the reproductive health sector have been supported by UNICEF and Germany. Canada has been actively involved in IEC and advocacy programmes in support of women and has provided assistance for the elaboration of the national policy on women and development while UNDP is supporting the development of income-generating activities for women. The United States Agency for International Development (USAID), which was very active until 1995 in the delivery of family planning services, is now funding the country's second demographic and health survey with joint funding from UNFPA for the maternal mortality component. Finally, WHO is funding the Special Centre for Collaboration in Research on Human Reproduction.

Proposed programme

17. Considering UNFPA's comparative advantages -- such as its holistic approach to reproductive health, its mandate to promote population and development strategies and its multisectoral approach to population assistance -- the proposed third country programme will support activities in the three thematic areas as well as in such cross-cutting issues as capacity-building, gender concerns and programme coordination. Activities in the areas of population and development strategies and advocacy will be national in scope. Improvement of reproductive health service delivery, in coordination with other donors, will focus on the same five provinces (Extreme North, Northern, Central, Eastern and Southern) as in the last programme, which contain almost 50 per cent of the total population. The proposed programme will pay particular attention to the needs of adolescents and will work to extend IEC activities for youth throughout the country.

18. Reproductive health. The purpose of the reproductive health subprogramme is to increase utilization of quality reproductive health services in five provinces, with special emphasis on adolescent needs; to improve safe motherhood services; to increase contraceptive prevalence rates from 12 per cent in 1996 to 20 per cent in 2002 in urban areas and from 4 per cent in 1996 to 10 per cent in 2002 in rural areas; and to reduce the incidence of STDs, including HIV/AIDS. The specific outputs of the subprogramme will be: (a) greater availability of quality reproductive health services in 160 health centres, 50 district and 5 provincial hospitals as well as 30 clinics of public and private companies; (b) increased demand for reproductive health services; (c) improved national expertise for the management of reproductive health services at both local and central levels; and (d) four new youth centres providing reproductive health counseling and information and services.

19. The increased availability of quality reproductive health services will be achieved by supporting the rehabilitation of the health facilities mentioned above and the supply of medical equipment, contraceptives and essential drugs. A strategy for providing continuous training in reproductive health will be elaborated at the national level and will be implemented in the five provinces, starting with training of reproductive health personnel (two paramedics per health centre and two paramedics and one physician per hospital) in clinical methods, management, IEC and counseling techniques with particular attention to the needs of men and young people. Training of laboratory technicians in cervical cancer screening will be provided at the district hospital level if funds can be secured for treatment. To improve the quality of pre-service training, reproductive health modules will also be introduced into the curricula of the country's medical schools and faculties. Research on the causes of infertility will be undertaken to analyse the linkages between STDs and increasing infertility in the Eastern Province in order to provide reproductive health services adapted to combating this problem. This research will be undertaken in collaboration with countries of the subregion and will be coordinated by the central African customs union (UDEAC).

20. To increase the demand for reproductive health services, knowledge, attitude and practice (KAP) surveys on sociocultural acceptance of such services will be conducted in the five provinces

where UNFPA will be concentrating its interventions. Based on those KAP surveys, IEC messages and programmes will be designed with a special emphasis on the needs of men and adolescents. These messages will be disseminated through NGOs, youth and women's associations, television, radio and other existing communication channels. The subprogramme will also support development of IEC materials for use in health facilities and in 10 medical schools. The programme of family life education for workers will be reinforced.

21. The subprogramme will work to improve the management of reproductive health services by helping to train personnel at the central level and to elaborate a national reproductive health programme and norms and standards for reproductive health services. At the provincial level, the National Health Information System in the five provinces will be supported to ensure the regular availability of updated data on reproductive health.

22. As a first step in making reproductive health information and services more responsive to adolescent needs, the subprogramme will undertake research on adolescent pregnancies. Four youth counseling and service centres will be opened, and peer education will be developed within the youth movements and organizations in all ten provinces of the country. The subprogramme will help to extend family life education for Scouts to parts of the country where it is not now being carried out and to develop a curriculum for the introduction of family life education in primary and secondary schools.

23. Of the $7 million in regular resources to be allocated to the reproductive health subprogramme, $6 million will be used for the extension of the service delivery points (at the health centre and district hospital levels), including training, equipment and supplies of drugs and contraceptives; $500,000 will go for IEC activities and $500,000 for research. If obtained, $800,000 of the multi-bilateral funds would be used to finance the equipment and training needs of the provincial hospitals and $100,000 for the development of family life education for schools.

24. Population and development strategies. The purposes of the subprogramme in population and development strategies are to revise and update the DNPP according to the recommendations of the ICPD and FWCW in order to have a global framework for all population activities and to contribute to the elaboration and dissemination of a national family code. The following outputs of UNFPA subprogramme are expected at the end of the programme: (a) operationalization of the updated, gender-sensitive DNPP at central and provincial levels; (b) increased awareness by the general population of the content of the updated DNPP; and (c) integration of women's rights and, particularly, reproductive rights into the family code.

25. The operationalization of the updated and gender-sensitive DNPP will be achieved through: (a) support for creation and equipment of multisectoral and multi-disciplinary teams at central and regional levels to integrate sectoral social policies, including reproductive health and gender issues, into the DNPP; (b) elaboration and implementation of a national plan for training in the area of

population and development, including gender issues, for government and NGO professionals; (c) development of action plans for implementation of the DNPP; and (d) an increase in the availability of data by supporting the 1999 population census in cartography, data collection, analysis and dissemination of results; the creation of a socio-demographic database disaggregated by gender; and other relevant demographic and sociocultural studies. The subprogramme would organize workshops, nationally and regionally, to foster coordination and to ensure the appropriate implementation of the DNPP.

26. Increased awareness of the content of the DNPP will be achieved through: (a) organization of seminars and workshops for political and opinion leaders, educators, NGOs, women's associations and youth groups; (b) organization of sensitization and information campaigns through the media and other means of communication for the general population; (c) wide dissemination of the results of studies and surveys undertaken during the programme; (d) translation and publication of the DNPP in national languages; (e) organization of seminars and workshops for journalists on the contents of the DNPP and on the recommendations of the ICPD and FWCW, with particular emphasis on reproductive health.

27. Integration of women's rights, especially their reproductive rights, into the family code will be achieved through: (a) creation of a multisectoral committee including government officials, members of civil society and NGO representatives to build a consensus on the family code; (b) analysis of the legal texts on women's rights; and (c) a study on violence against women.

28. Of the $2 million in regular resources that will be allocated to the population and development strategies subprogramme, $200,000 will be devoted to IEC activities, $750,000 to updating the DNPP, $250,000 for gender-related activities and $800,000 for data collection and analysis. If multi-bilateral funds are secured, $400,000 will be used for data collection, $50,000 for the family code and $50,000 for income-generating activities.

29. Advocacy. The purposes of proposed UNFPA assistance in the area of advocacy will be to assist the Government in its efforts to develop the commitment of decisions makers, opinion and religious leaders and legislators for the implementation of the DNPP and for the promotion of reproductive health services and of gender equity and equality. The specific outputs of the UNFPA programme will be a better understanding by decision makers, opinion and religious leaders of population and development issues and a reduction of harmful traditional practices and discrimination against girls and women.

30. Among the advocacy activities that will be carried out is the organization of seminars for parliamentarians, decision makers and opinion leaders to inform them of the benefits of the implementation of the DNPP and to encourage the creation of a parliamentary commission on population and development. The subprogramme will also assist in providing advocacy training for

social communicators and for national programme and NGO personnel involved in advocacy activities.

31. To reduce the prevalence of harmful traditional and discriminatory practices against women and young girls, it will, first of all, be necessary to carry out an inventory and synthesis of all research studies done in Cameroon related to those practices and to complement them, if necessary. This will provide the necessary inputs for IEC and advocacy activities under the reproductive health subprogramme. The programme will also conduct a study on gender stereotypes in the media and/or in school textbooks in order to design IEC messages to improve the status of women. Other activities include the organization of seminars and workshops for opinion leaders, decision makers, NGOs and public and private enterprise personnel on the reproductive rights of women and adolescent girls and on the necessity of girls' education. The latter will be undertaken in collaboration with UNICEF. The programme will also provide support for the provision of legal assistance to women through the legal clinics organized by the Association of Cameroonian Female Jurists in the five provinces in which the Fund will be carrying out reproductive health activities.

32. Implementation, coordination, monitoring and evaluation. The Ministry of Economy and Finance will be responsible for the overall coordination of the proposed programme through the National Population Commission and its Technical Committee and Permanent Secretariat. Sectoral ministries will continue to be responsible for the implementation of component projects.

33. A coordination group of the heads of all United Nations agencies in the country exists to facilitate joint programming and evaluation of programme activities, and it has set up four thematic groups: basic social services, headed by UNFPA; employment and sustainable livelihood; environment for economic and social development; and women and gender equality. The activities of these groups, which started their work in 1997, are being coordinated by the United Nations Resident Coordinator.

34. The proposed country programme will be implemented in accordance with UNFPA's established guidelines and procedures. These include annual project reports and reviews; quarterly plans of project activities; twice yearly review meetings with UNFPA staff and government representatives; project management and thematic evaluations; field monitoring visits; project management and financial auditing, as well as field office auditing. Regular meetings will continue with national programme and project management staff and project financial managers in order to share experiences and discuss problems encountered and solutions. Technical backstopping will be provided by the Country Support Team headquartered in Dakar, Senegal, and by pertinent regional institutions. As far as possible, surveys and/or situational analyses will be undertaken before the start of activities in order to facilitate an evaluation of performance at the end of the programme. A mid-term review of the programme will be held in the year 2000 to assess the progress and problems encountered, and reorientation plans will be defined as necessary. A final evaluation will be held in. Indicators defined during the PRSD exercises in conformity with the logical framework

will be used to monitor the implementation of the programme along with the data collected through programme activities.

35. The programme will be executed by the Government, specialized agencies of the United Nations, and international and national NGOs. Taking into account the limited capacity for national execution, projects and subprogrammes will partly be carried out with the assistance of a Chief Technical Adviser (for the transfer of technical expertise to national staff) or with a national expert. Efforts will be made to add a well-qualified national accountant and a national professional project personnel position. UNFPA execution will be limited to the procurement of contraceptives and equipment and technical support provided by the CST.

36. The Cameroon field office is composed of a Representative and two national programme officers -- one francophone and one anglophone; two secretaries; one financial assistant and one senior secretary/administrative assistant and one junior professional officer.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to Cameroon, as outlined above, in the amount of $12.0 million over the period 1998-2002, of which $10.5 million would be programmed from UNFPA's regular resources to the extent such resources are available and the balance of $1.5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of resources.

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